

# BEST AVAILABLE COPY

## CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____ APPLICANT(S) _____						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.	3					
TOTAL DEP.	17					
TOTAL CLAIMS	20					
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS